

EDITORIAL

Legislative Time Again

ON JANUARY 7 the California State Legislature will convene in its regular general session and will consider the mass of proposed legislation which is dumped into its hopper each odd-numbered year. In the even-numbered years the Legislature limits its deliberations to a budget and to special items.

With the reconvening of the Legislature, medicine will again be faced with the multiplicity of bills which propose to amend, alter or otherwise change the regulations under which the practice of medicine is carried on in California. It will also be confronted with various new proposals for the creation of examining or certifying boards, the extension of the scope of practice for various licentiates in the field of the healing arts or the extension of current practices into broader fields.

If the history of legislative activities of the past decade may be taken as a criterion, some 500 or more legislative proposals will demand the scrutiny of medicine's representatives in Sacramento. Each regular session for some years back has produced 5,000 or more legislative proposals, and the general rule is that about one in ten of these measures has a direct or indirect bearing on the practice of medicine or the public health.

Examples may be found in many areas and it is already apparent that some of these fields will be replowed in the 1957 session.

Some of the major issues which medicine will have to consider in the coming Legislature will be in the areas of mental health, nurse training and psychology.

In mental health, the California Medical Association has tentatively drafted a bill which would permit communities to establish community mental health centers in conjunction with general hospitals and to receive state financial assistance where needed. Two years ago the Association opposed a

proposal for setting up community mental health facilities, on the ground that the program then proposed was organized from the top down rather than from the community up. Legislative interim committees have considered this matter since the 1955 session and the committee members have been most complimentary to the C.M.A. for its draft of a proposed bill which would screen out mental health cases at home, provide treatment under controlled auspices in general hospitals and eliminate much of the need for constructing additional state facilities for custodial care of patients.

The bill now proposed by the C.M.A. has been embraced by practically all those who two years ago were ardent proponents of the measure which the Association then opposed.

In the field of nurse training, discussions are now being held between nursing, hospital, educational and medical representatives on the proposal that the training course for registered nurses be reduced from 36 to 24 months. At least one pilot study has been made in this direction and others have been got under way. Obviously, the reduction in training time, if it produces adequately trained nurses, would speed up the production of nurses and relieve an admitted shortage; however, if the shorter course would result in inferior or inadequate training, the health of the people would suffer. Undoubtedly this proposal will be due for legislative consideration, whether legislation is introduced by nursing, educational or other groups.

In psychology, the Legislature will again have before it a proposal to license or register clinical psychologists. This topic has been discussed pro and con in recent legislative sessions and the fundamental differences between the thinking of psychologists and physicians have been thoroughly aired. Where does clinical psychology stop and psychiatry begin? Can a clinical psychologist treat psychological prob-

lems without having had the training of treating the entire person? What safeguards are there for the person who may need medical treatment as well as psychological treatment and counseling? These and many more questions enter into a consideration of this matter.

In addition to these major items, it is anticipated that the usual number of technical amendments to various sections of the law will again be with us. Many of these have to do with requirements of the licensing authorities, the State Department of Health, the State Department of Mental Hygiene and other official bodies.

Pharmacy, hospitals, dispensing opticians and other groups will have their own programs, many of which will impinge on the practice of medicine and demand scrutiny by medicine's representatives. In these fields, so closely allied with medical practice, a liaison has been created over the years that effectively eliminates most of the bickering before legislative committees which might result if one group took unilateral action.

On the other hand, the "fringe" groups such as naturopathy, are expected to be out in full force with renewed demands for licensure under their own boards and for expanded limits of practice. Naturopathy is used as an example here because this group, composed mainly of chiropractors, has consistently asked for official recognition, for licensure under a board of its own choosing, for the right to use the suffix "N.D." and for the right to perform "minor surgery" and to prescribe narcotics.

The California Legislature for a number of years has opposed the creation of new licensing or registration boards. The C.M.A. has supported this stand, on the basis that every known procedure in the healing arts is already covered by one of the existing licensing boards. Those who seek new boards are obviously carving out of present practices an item here, an item there, and combining them into something different which can be controlled by the proponents without hindrance from established authorities of unquestioned integrity.

Regardless of whether the coming legislative proposals will call for the creation of new types of licenses, expand the scope of practice for certain licentiates or amend technical sections of the law, medicine will be well represented in Sacramento. Since 1932 the Public Health League of California has maintained headquarters in the state capital during legislative sessions and has worked closely with medical organizations. The legal arm of the California Medical Association has also been in extremely close contact with all legislative activities for many years and the legal services of analyzing, screening and preparing legislation have been invaluable.

This combination of legislative and legal experts

has for many years been most effective in protecting the public health and assuring proper standards for the practice of medicine. With the 1957 session, the same team will be on hand, aided by county societies and individual physicians throughout the state. Judged by past accomplishments, the 1957 legislative situation will be well in hand.

Poliomyelitis Vaccinations

WITH ONE poliomyelitis season drawing to a close and the next about six months away, health and medical authorities are planning an all-out attack on the disease.

The State Director of Public Health, Doctor Malcolm H. Merrill, has discussed with the C.M.A. Council the campaign laid out by state and local health officers and has secured Council acceptance and cooperation.

Tentatively, it is planned that a statewide drive will be started in early 1957, about February or March, to encourage all Californians under age 40 to secure polio vaccinations. If the first step in this program is successful—if large numbers of citizens avail themselves of this protection—there will be time for the second shot before the 1957 polio season gets under way.

Statistically, there are about 8,250,000 California residents under 40 years of age. These represent an overwhelming percentage of those who are normally susceptible to polio. Of this number, more than 2,000,000 have already had one shot of Salk vaccine, almost that many have had two shots and a small number have had the full course of three injections. While there may still be some disagreement as to the protective qualities of the third shot, there seems to be no argument as to the tremendous booster potentiality of the second.

The vaccine has now been proved to be about 85 per cent effective in preventing paralytic polio and about 70 per cent effective in preventing all polio forms.

There is no longer a shortage of vaccine and all indications are that an adequate supply will be on hand in early 1957 to handle the projected program.

Clinically, it is planned to leave to local determination the matter of private or public programs for vaccination. Most areas of the state have already worked out this problem in conferences between medical societies and public health officers. The personal physician occupies an important role in any community program.

Here is a prime example of cooperation between public and private physicians for the good of the people. Here is a chance for all to contribute to a decrease in the morbidity and mortality figures in California.